CITY OF IRRIGON PUBLIC RECORDS REQUEST FORM

Oregon Public Records Law (ORS 192) grants each person the right to inspect and/or copy the records of a public body This form is **NOT FOR POLICE** record (unless exempt from disclosure). City staff will contact you requests. as soon as practical, and without undue delay, upon receipt of this request. PERSON REQUESTING INFORMATION: SUBMIT FORM TO: NAME: _____ City Manager DATE AND TIME OF **REQUEST:** COMPANY: Irrigon, OR DATE COMPLETED: ADDRESS: Or Fax to: 541-922-9322 DATE NOTIFIED: Or e-mail to: PHONE NO.: _____ manager@ci.irrigon.or.us CELL NO.: _____ **DATE PICKED UP:** FEES: **DESCRIPTION OF INFORMATION REQUESTED:** (Please be as specific as possible): Photocopies: - 8 ½" x 11": \$.30 per side copied (B&W) - 8 ½" x 11": \$1.00 per side copied (Color) 11" x 17": \$.40 per side copied (B&W) 11" x 17": \$1.50 per side copied (Color) 24" x 36": \$3.00 per sheet (B&W) 24" x 36": \$5.00 per sheet (Color) Staff Time: \$35.00 per hour First 15 minutes research time is free **TOTAL DUE: GL ACCOUNT CODE:** * * * * For Records Staff Use Only * * * * * **CONTACT NOTES:** NO. OF FILES REMOVED: **FILES REMOVED BY:** NO. OF BOXES REMOVED: TIME SPENT: NO. OF *PLANS* REMOVED: FILE RETURN DATE: **RE-FILED BY:**